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ABSTRACT

This study examined the types of prosocial behavior exhibited by behaviorally disordered and nonhandicapped adolescents. Seventeen behaviorally disordered adolescents were observed in resource room programs and 20 nonhandicapped adolescents were observed in art classes to determine the frequency of their helping, sharing, cooperating, comforting, defending, donating, and rescuing. Students also completed a self-report form on the frequency with which they engaged in prosocial acts, and four participating teachers completed a prosocial teaching style questionnaire. Results indicated that helping, sharing, and cooperating were the most frequently displayed prosocial behaviors by both groups of adolescents. The behaviorally disordered adolescents displayed significantly more prosocial behavior than the nonhandicapped adolescents in their respective classrooms, though the behaviorally disordered adolescents perceived themselves to be less frequently engaged in prosocial behavior than their nonhandicapped peers. The teachers of the behaviorally disordered adolescents used a prosocial teaching style more frequently than the teachers of the nonhandicapped adolescents. (Author/JDD)

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Adolescents Help and Share

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Do Behaviorally Disordered Adolescents

Help and Share?

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Paper presented at the Annual Convention of the
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Abstract

Observational and self-report data were collected on seventeen behaviorally disordered and 20 nonhandicapped adolescents in a public school setting. Helping, sharing, cooperating, comforting, defending, donating and rescuing were the prosocial behaviors observed. The adolescents were coded as either initiating prosocial behavior or responding to a teacher or peer request for prosocial action. The adolescents completed a twenty item self-report form on the frequency with which they engaged in prosocial acts. Four participating teachers completed a prosocial teaching style questionnaire. The behaviorally disordered adolescents displayed significantly more prosocial behavior than the nonhandicapped adolescents in their respective classrooms. The behaviorally disordered adolescents perceived themselves to be less frequently engaged in prosocial behavior than their nonhandicapped peers. The teachers of the behaviorally disordered adolescents used a prosocial teaching style more frequently than the teachers of the nonhandicapped adolescents. Implications for future research and training are described.

Do Behaviorally Disordered

Adolescents Help and Share?

Of particular importance in a person's behavioral repertoire are those behaviors that benefit others. Helping, sharing, donating, rescuing, defending, comforting and cooperating are some of the essential behaviors that contribute to an individual's and society's maintenance and well being. Although these altruistic or prosocial behaviors have received intermittent attention from social and developmental psychologists since the early 1900s, very little is known about adolescent prosocial behavior. Developmental psychologists have concerned themselves with infants and preschool children, and to a lesser extent older children. Social psychologists have focused on college students and adults when examining prosocial behavior. Adolescents, in particular those adolescents with behavior problems, have received scant attention from prosocial behavior researchers.

The attention focused on prosocial behavior by developmental and social psychologists is in part due to the critical role that prosocial behavior plays in the formation of positive interpersonal relationships. Children who are rated high in altruistic behavior have been shown to be more popular among peers (Hartup, Glazer & Charlesworth, 1967), and receive more help from peers (Mannarino, 1976; Raviv, Bar Tal, Ayalon & Raviv, 1980). Prosocial behavior has been positively correlated with

self-concept (Midlarsky, 1968; Staub 1978, 1979) and being "happy" (Moore, Underwood & Rosehan, 1973). In younger children, prosocial behavior training has reduced aggression (Feshbach, 1982), and improved peer relationships (Cooper, Johnson, Johnson, & Wilderson, 1980).

Developing appropriate social behavior and building the skills necessary for positive interpersonal relationships are major objectives of those who teach behaviorally disordered adolescents. These students frequently exhibit deviant behaviors such as disruptiveness, fighting, uncooperativeness and aggression (Cullinan, Epstein & Kaufman, 1984). Many behaviorally disordered adolescents demonstrate the inability to establish and maintain satisfactory relationships with teachers and peers. Prosocial behavior may be a potentially powerful intervention tool in the development of positive social interaction skills among behaviorally disordered adolescents. However, it is inaccurate to generalize our current knowledge of prosocial behavior among young, normally developing children, to adolescents with emotional or behavioral problems. The same processes may not be operating or relevant with this older, handicapped population. Several prominent researchers in the field of prosocial behavior have commented on the absence of information regarding prosocial behavior in adolescents in general, and handicapped students in particular (Radke-Yarrow, Zahn-Waxler & Chapman, 1983).

The purpose of this study was to examine the types of prosocial behavior exhibited by behaviorally disordered and nonhandicapped adolescents. Descriptive data of this nature is required to fill in the gaps in the prosocial research and develop a foundation of knowledge on which to base future treatment decisions.

Method

Subjects

The subject sample consisted of 17 behaviorally disordered and 20 nonhandicapped adolescents. The subjects were enrolled in public junior/senior high schools in the same city. The behaviorally disordered adolescents were enrolled in special education resource room programs for students classified as emotionally disturbed or behaviorally disordered according to state criteria for this exceptional educational need. The nonhandicapped adolescents were enrolled in general art classes at the junior and senior high schools. The pool of potential subjects from which the 20 nonhandicapped adolescents were chosen had been matched with the behaviorally disordered adolescents on age and grade. Following the matching procedure 10 junior high school and 10 senior high school adolescents were randomly chosen from the matched sample pool.

The mean age for the behaviorally disordered adolescent group was 14-6 and consisted of 2 females and 15 males. The

nonhandicapped adolescent comparison group had a mean age of 14-1, and was comprised of 10 females and 10 males.

To be a participant in this study the behaviorally disordered adolescents were required to have: a) been diagnosed as emotionally disturbed or behaviorally disordered by the school district multidisciplinary team process, b) scored within normal limits on a standardized intelligence test, and c) been receiving a minimum of two periods of instruction per school day in their respective special education classrooms for at least the preceeding semester during which the study took place.

Setting

Direct observation took place in the junior and senior high school art and special education classrooms. Semi-structured activities during which the students were allowed to interact freely with the teacher and their peers were arranged in all classrooms. The art classes were chosen as a comparison group because of the opportunities available for social interaction. There were no regular education classrooms that could serve as exact comparison settings, due to the unique nature of the special education classroom structure and atmosphere. The comparison classrooms were matched to the special education classrooms by the observation and clinical judgement of the investigator on the basis of their classroom structure, general classroom rules, and in the opportunities available for social interaction.

Data Collection

Prosocial behavior data were collected via direct observation and self-report measures. An event sampling procedure was employed to collect the specified prosocial behavior data. The adolescents were videotaped simultaneously in their respective classrooms during the same 50 minute period for 10 consecutive school days. A total of 500 minutes of observational data were collected for each group. Only the last 200 minutes of videotaped observations for each group were used for data collection. This allowed subjects to become accustomed to being observed and videotaped during the first 300 minutes.

The students' sharing, helping, defending, comforting, donating, rescuing and cooperating behaviors were coded using the videotapes and a coding format. The subject was coded as either spontaneously acting prosocially (initiated) or as acting prosocially in compliance with a teacher/peer command or request for prosocial action (responded). The prosocial behaviors that were coded are defined in Table 1.

Place Table 1 about here

All of the videotapes were coded in random order by trained graduate and undergraduate students. A reliability check was made every 60 minutes coded, using the following formula:

$$\frac{\text{Number of agreements}}{\text{Number of disagreements} + \text{agreements}} \times 100 = \% \text{ of intercoder reliability}$$

The reliability checks exceeded 95% agreement on all but two of the checks. When the 95% agreement was not met, retraining occurred until 100% reliability was again established. The videotapes were viewed as many times as needed in order to code all behavioral occurrences.

In addition to the direct observation data collected, information on the prosocial behavior of the adolescents was solicited from the adolescents themselves. Each subject completed a self-report form on the frequency of their prosocial behavior. The self-report form was adapted from the Self Report Attruism Scale (SRA) developed by Rushton, Chrisjohn, and Fekken (1981). The SRA was adapted to more appropriately measure the prosocial behavior of junior and senior high school adolescents. The self-report form consisted of twenty items that referred to various prosocial behaviors (I have shared my favorite food/books with my classmates; I have helped my friend do his/her household chores and jobs; I have defended a classmate, an acquaintance, or a friend who was being picked on by others). The adolescents rated the frequency with which they engaged in each prosocial behavior using a 1-5 Likert-type scale. The categories of "never", "once", "more than once", "often", and "very often" were used to denote frequency. The highest prosocial score possible

for any individual was 100. The original SRA has been shown to correlate highly with peer ratings and altruistic responses (Rushton, et. al., 1981).

To account for teacher differences among the classrooms observed, a questionnaire regarding prosocial teaching style was administered to the teachers of the behaviorally disordered and nonhandicapped adolescents. The questionnaires solicited information from the teachers on the frequency with which they employed prosocial teaching techniques, such as encouraging the students to view situations from other's perspectives and encouraging the students to work in groups.

Results

Descriptive and nonparametric statistics were employed to answer the following research questions: a) What types of prosocial behavior do behaviorally disordered adolescents exhibit?; b) Does the prosocial behavior of behaviorally disordered adolescents differ from the prosocial behavior of their nonhandicapped peers?

In almost every category of prosocial behavior the behaviorally disordered adolescents exhibited higher frequencies than their nonhandicapped peers. Table 2 contains the frequencies, mean frequencies, and percentages of the prosocial behaviors exhibited by the behaviorally disordered and nonhandicapped adolescents. The behaviorally disordered adolescents performed

almost twice as many acts of sharing and nearly three times as many acts of cooperation than did the nonhandicapped adolescents.

Place Table 2 about here

Helping, sharing, and cooperating were the most frequently displayed prosocial behaviors by both groups of adolescents. Relatively few opportunities arose in the classrooms that required donating, rescuing, defending, and comforting behavior. Over 40 percent of both the behaviorally disordered and nonhandicapped adolescents' prosocial behavior was coded as "sharing". One third of the behaviorally disordered adolescents' prosocial behavior was coded as "cooperative", compared to twenty percent of the nonhandicapped adolescents' total prosocial behavior devoted to cooperation.

The two groups' prosocial behavior frequency counts were analyzed for differences using a Mann-Whitney U test (Table 3). The behaviorally disordered adolescents exhibited significantly more prosocial behavior than did the nonhandicapped adolescents

Place Table 3 about here

($U=371.0$, $p<.01$).

The quality of the prosocial behavior displayed by both groups of adolescents was examined by analyzing the adolescents initiated vs. responsive prosocial behavior (Table 4). Only 44

Place Table 4 about here

percent of the behaviorally disordered adolescents prosocial behavior was initiated whereas 48 percent of their nonhandicapped peers prosocial behavior was initiated. Over half of both groups' prosocial behavior was responsive in nature. There was no significant difference between the adolescent groups' proportion of initiated vs. responsive prosocial behavior.

There was a significant difference between the self-report ratings of the behaviorally disordered and nonhandicapped adolescents ($U = 201.0$, $p < .02$) (Table 5). The behaviorally

Place Table 5 about here

disordered adolescents rated themselves lower on the self-report form than the nonhandicapped adolescents rated themselves.

Table 6 contains the results of the teacher questionnaires.

Place Table 6 about here

The teachers of the behaviorally disordered adolescents used a cooperative teaching style ("encourage students to work together"; "encourage students to help each other"; "encourage students to work in groups") more frequently than did the teachers of the nonhandicapped adolescents. The teachers of the behaviorally disordered adolescents also encouraged students to view situations from another person's perspective more frequently than the teachers of the nonhandicapped adolescents.

Discussion

The results are somewhat surprising given what we know about behaviorally disordered adolescents. Students classified in the school system as behaviorally disordered are characterized more often by their aggression than their sharing; more often singled out for their disobedience than for their helping behavior. The data from this study point out that while we may characterize behaviorally disordered adolescents by their negative behavior, these adolescents also possess the potential and ability for prosocial behavior. The study results present some perplexing questions and new hypotheses about adolescent prosocial behavior.

Why did the behaviorally disordered adolescents display higher frequencies of prosocial behavior than the nonhandicapped adolescents? The structure and the atmosphere of the special education classroom may have influenced the adolescents' behavior. Goal structures of a classroom have been shown to affect student

behavior (Johnson, 1975). If a cooperative goal structure exists in a classroom, students show an increase in cooperation. Cooperation may have been not just a valued behavior in the special education classroom, but a behavior that was actively programmed for by the teachers. The teacher questionnaire data provide evidence that this type of goal structure was in place in the special education classrooms.

The atmosphere of the special education classrooms may also have been more conducive to helping and sharing. Students in special education programs spend a considerable amount of time together and often progress through the educational system together in these small, intensive programs. Behaviorally disordered adolescents have the opportunity to establish intimate relationships with each other and may feel more open to helping each other. Children who are with close friends tend to share more than when they are paired with nonfriends (Gottman, Gonso, & Rasmussen, 1975; Hartup, et. al., 1967). In contrast to special education classes, the composition and membership of regular educational classes changes often. The regular education students do not spend time in their classes discussing feelings, personal problems or family life, which is often done in classrooms for students with behavior disorders. As a result, the atmosphere and type of relationships present in these regular education classrooms may not have been as conducive to establishing close relationships,

and performing prosocial behavior. The influence of teachers and peers on adolescent prosocial behavior is not yet clear. Analogue research is needed to isolate social and environmental factors that inhibit or enhance prosocial behavior among adolescents.

The behaviorally disordered adolescents perceived themselves to be less frequently engaged in prosocial behavior than their nonhandicapped peers, despite the fact that the behaviorally disordered adolescents actually performed more prosocial behavior than their nonhandicapped peers. The discrepancy between the self-report results and the observed prosocial behavior data holds implications for future prosocial behavior research and training.

Future studies on adolescent prosocial behavior will need to focus on a variety of environments in which adolescents may exhibit prosocial behavior. The adolescents self-report ratings reflect their perceptions of their prosocial behavior in school and nonschool environments. The adolescents may help and share in their special education classrooms, under teacher scrutiny. The adolescents may not perform these same prosocial behaviors when they are at home, at a party, or in an emotionally stressful situation. Perhaps it is in these environments and social situations that the behaviorally disordered adolescents know they do not perform prosocial behavior and this knowledge was reflected in their self-report ratings. Understanding more about adolescent prosocial behavior in nonschool environments is essential prior to

developing generalization components for training packages.

The systematic inquiry of adolescent prosocial behavior must move forward. There is much yet to be learned. How special and regular educators influence the prosocial behavior of their students needs to be explored. Are there techniques to encourage prosocial behavior that teachers of the behaviorally disordered adolescents are using that would be beneficial for all educators to adopt? Beyond the exploration of influence on prosocial behavior, a closer examination of the behavior itself is needed.

What role does the prosocial behavior of adolescents play in the larger scheme of social interactions? Does prosocial behavior exhibited by adolescents increase the likelihood of successful mainstreaming?

This study has established a foundation, a starting point for further research in the area of adolescent prosocial behavior. As a potentially powerful intervention tool, prosocial behavior training shows promise.

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Table 1

Prosocial Behavior Definitions

Behavioral Category	Definition
Sharing	A holder of an article grants to another the partial use, enjoyment, or possession of a thing. May imply mutual use or possession. Sharing occurs when a person hands material/food to another person, or allows another person to take his/her material (Barton & Ascione, 1979; Webster's Ninth New Collegiate Dictionary, 1983)
Helping	Physical or verbal aid or assistance given another to furnish relief from discomfort, pain, distress, or to reduce another's workload.
Defending	To guard another person, physically or verbally against trouble, attack, or hostility. The person may verbally or physically act on behalf of another person, or attempt to repel danger or harm from someone.

Comforting	Physical or verbal consolation to another person who is in pain, discomfort, or distress. The person may verbally or physically impart cheer, hope, strength, as well as lessen pain.
Donating	Offering a gift of money, materials or food to a person in need. (This does not include sharing of food.) The person does not mutually use the object donated. It is given away to someone portrayed as needy or "poor"; or to someone the student has verbally described as needy or "poor".
Rescuing	Physically saving another person from future violence, danger, harm, or attack.
Cooperating	Two or more people simultaneously work on a common project, or participate/work towards a common goal.

Table 2

Frequency, Mean Frequency and Percentage of Adolescent Prosocial Behavior (a)

Prosocial Behaviors	Behaviorally Disordered Adolescents			Nonhandicapped Adolescents		
	n=17			n=20		
	f	$\bar{x}$	%	f	$\bar{x}$	%
Sharing	87	5.1	41	50	2.5	43
Cooperating	64	3.8	31	23	1.2	20
Helping	57	3.4	27	41	2.1	35
Comforting	2	.1	1	0	0	0
Defending	0	0	0	0	0	0
Donating	0	0	0	0	0	0
Rescuing	0	0	0	2	.1	2
Total	209	12.2	100	116	5.8	100

(a) During 200 minutes of observation

Table 3

Mann Whitney-U Results Pertaining to Differences in ProsocialBehavior

			Two-Tailed Probability
Contrast	Median	U-Value	(Corrected for Ties)
Behaviorally Disordered Adolescents	15.00	371.0	.0177*
vs. Nonhandicapped Adolescents	4.50		

* $p(U) \leq .05$

Table 4

Percentages of Adolescent Initiated and Responsive Prosocial
Behavior

Type of Prosocial Behavior	Behaviorally		Nonhandicapped	
	Disordered		Adolescents	
	f	%	f	%
Initiated	91	44	56	48
Responsive	118	56	60	52
Total	209	100	116	100

Table 5

Mann Whitney U Test Results Pertaining to the Adolescent Prosocial
Self-Report Ratings

			Two-Tailed Probability
Contrast	Median	U-Value	(Corrected for Ties)
Behaviorally	44.00		
Disordered		201.0	.0224*
Adolescents			
vs.			
Nonhandicapped	54.00		
Adolescents			

* $p(u) \leq .05$

Table 6

Teacher Mean Ratings Pertaining to Teaching Style

Questionnaire Items	Teachers of:	
	Behaviorally	
	Disordered	Nonhandicapped
	Adolescents	Adolescents
	n=2	n=2
Encourage students to:		
work together	3.0	2.0
help each other	4.0	3.0
work in groups	4.5	1.5
to view situations		
from another's		
perspective	4.5	3.5

Higher scores indicate strategies employed more frequently